



Environmental Management System Procedure
for
Initiating, Documenting, and Implementing
Corrective and Preventive Actions
to Eliminate
Nonconformities with EMS requirements
at the
U.S. Army Garrison (USAG) Baumholder

Revision # 1

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Environmental Management System Documentation of the U.S. Army Garrison (USAG) Baumholder

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Environmental Management System Procedure for Initiating, Documenting, and Implementing Corrective and Preventive Actions to Eliminate Nonconformities with EMS requirements at the U.S. Army Garrison (USAG) Baumholder

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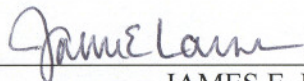
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Update requirements:

This document is an EMS controlled document. It has to be kept updated in order to comply with ISO 14001. This document shall be reviewed annually and revised as necessary or when changes occur. When a revised document is available, this document will be discarded and marked as obsolete in the DOC CON database. The revised document gets a new UID.

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Approved by:**Date:**

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Commanding

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References:

- a. Executive Order 13148, *Greening the Government through Environmental Leadership*.
- b. ISO 14001: 2004, *Environmental Management Systems – Specification with Guidance for Use*.

1.1 PURPOSE.

The purpose of this procedure is to provide a system for initiating, requesting, implementing, and checking the effectiveness of corrective and/or preventive actions resulting from nonconformities with the Garrison Environmental Management System (EMS).

1.2 APPLICABILITY.

This procedure applies to the activities related to initiating, documenting, and implementing corrective and/or preventive actions resulting from nonconformities associated with Garrison processes, procedures, services, or elements of the EMS.

Notes:

These procedures do not cover the handling of complaints from internal and external parties. Complaints or issues from internal and external parties are investigated and responded to individually as they arise by the Garrison Public Affairs Office (PAO).

These procedures also do not include the response to environmental non-compliance findings, which are reported and tracked through existing Army or DPW systems. These findings include those tracked through the Environmental Performance Assessment System (EPAS), the Installation Status Report (ISR), findings resulting from compliance inspections by host nation authorities, and findings from internal environmental compliance inspections (using the IMA-E Performance Assessment System software or IPAS software) performed by the DPW.

1.3 DEFINITIONS

Corrective Action — Action taken to eliminate the cause(s) of a detected nonconformity.

Cross Functional Team (CFT) — A group of individuals from across the Garrison, appointed either by the Garrison Commander or senior leadership, who will coordinate the support necessary for EMS implementation and are responsible for implementing the EMS Garrison-wide.

EMS Management Representative (EMSMR) — An individual appointed by the Garrison Commander who, irrespective of other duties, is responsible for the operation of the Garrison's EMS and chairs the Garrison's Cross Functional Team (CFT).

Nonconformity — The non-fulfillment of an EMS requirement.

Originator — Any employee who identifies non-conformity with the Garrison EMS and initiates some desired action relevant to corrective or preventive action.

Preventive/Corrective Action Request (PCAR) — A request submitted using the procedures described in this document to initiate action for addressing an EMS nonconformity. See Appendix A for a PCAR Form.

A PCAR may be submitted for any of the following:

- a. Internal or external EMS audit findings*
- b. Feedback from DPW customers*
- c. Management Review actions*
- d. Changes in regulations or DPW requirements*
- e. Emergency preparedness and response after-action reviews following exercises or actual responses*

Preventive Action — Action taken to eliminate the cause(s) of a potential nonconformity.

Owner — The person responsible and accountable for improving the process/activity, product or service in his/her charge and for implementing applicable corrective and/or preventive actions when necessary.

Quality Assurance (QA) Representative — An individual who independently verifies that the corrective and/or preventive action was completed. The QA Representative may be one of the following: DPW Environmental Management Office staff; a DPW internal auditor; the EMSMR; or a qualified person designated by the EMSMR.

2 PROCEDURE

As soon as an EMS non-conformity is identified, the following 7-step-process for implementing corrective/ preventive action has to be started (see the PCAR flow chart in Appendix C for an illustration of this process).

STEP 1:

The person who identified the non-conformity (originator) completes *Section 1* of the PCAR form of Appendix A and submits the form to a member of the CFT.

STEP 2:

The CFT reviews the PCAR for validity by filling in *Section 2* of the PCAR form. If it is valid, the PCAR gets a unique reference number, e.g. PCAR_BH_2005_01, and the originator of the non-conformity (owner) will be informed. Invalid PCARs will be deleted. The originator of the PCAR has to be informed upon the CFT's decision.

STEP 3:

Upon notification the owner has to fill in *Section 3* of the PCAR form, explaining the cause for non-conformance and proposing corrective/ preventive action and a time frame for implementing it. The owner sends its response back to the CFT by the suspense date set by the CFT.

STEP 4:

The CFT reviews the response of the owner for adequateness, especially concerning the effectiveness of the proposed corrective/ preventive action. If the response is not adequate, the CFT re-addresses the owner for amendment. Step 4 has to be documented by completing *Section 4* of the PCAR form.

STEP 5:

As soon as the proposed corrective/ preventive action was approved by the CFT, the owner has to implement it. For tenant organizations, the owner commander has to approve the corrective/ preventive action, before it can be implemented (signs *Section 4*). When implementation is completed, the owner has to notify the EMSMR who notifies the QA Representative.

STEP 6:

The QA Representative checks, if the corrective/preventive action has been properly implemented, if action was completed on schedule, and if the non-conformity has been eliminated successfully. In case, corrective/ preventive action is not completed on schedule or is considered ineffective, the EMSMR contacts the owner commander and coordinates additional actions. Step 6 is documented by filling in *Section 5* of the PCAR form.

STEP 7:

As soon as the non-conformity is eliminated, the PCAR will be closed and the originator will be informed.



CFT review meetings will be scheduled quarterly, as a minimum, in order to ensure effective and timeous review of PCARs (Steps 2 and 4). Alternatively, CFT reviews can be performed when the CFT convenes for other purposes.

LIST OF APPENDICES

Appendix A	Preventive/Corrective Action Request Form	A-1
Appendix B	Aspect Groups and Aspects Used for the 2004 Assessment	B-1
Appendix C	Guidance In Determining Reason/Cause of Non-Conformity	C-1

APPENDIX A

Preventive/Corrective Action Request Form

	ENVIRONMENTAL MANAGEMENT SYSTEM	
	U.S. Army Garrison Baumholder	
<p align="center"> USAG Baumholder Preventive and Corrective Action Request (EMS Form #: EMS_FBH_14_01) </p>		
Section 1 (to be completed by Originator)		
Name:		
Organization:		
Email:		
Phone:		
Description of Non-Conformance:		
Signature:		Date:
Section 2 (to be completed by Garrison Cross Functional Team upon receipt of PCAR form)		
Is the Non-Conformance Valid for Further Investigation?		Yes / No
If Yes, Assign Unique Reference Number:		
Owner POC:		
Owner Organization:		
Owner POC Email:		
Owner POC Phone:		
Name of Garrison EMSMR or Designated Representative:		
Signature:		Date of Decision:



ENVIRONMENTAL MANAGEMENT SYSTEM

U.S. Army Garrison Baumholder



USAG Baumholder Preventive and Corrective Action Request

(EMS Form #: EMS_FBH_14_01)

Section 3 (to be completed by Owner)

Description of the Reason/Cause for Non-Conformance:



Proposed Corrective/Preventive Action:



Proposed Implementation Date:

Name of Individual Completing Section 3:

Signature:

Date:

	ENVIRONMENTAL MANAGEMENT SYSTEM	
	U.S. Army Garrison Baumholder	
<p align="center"> USAG Baumholder Preventive and Corrective Action Request (EMS Form #: EMS_FBH_14_01) </p>		
<p align="center"><i>Section 4 (to be completed by Garrison CFT upon completion of Section 3 by the Owner)</i></p>		
Is the Description of the Reason/Cause for the Non-Conformity Sufficient to Determine the Best Corrective/Preventive Action(s)?		Yes / No
If No, What Additional Information is Required From the Owner?		
Is the Proposed Corrective/Preventive Action(s) Sufficient to Address the Non-Conformity?		Yes / No
If No, State Revised, New and/or Additional Corrective/Preventive Action(s)?		
Is the Proposed Implementation Date for Corrective/Preventive Action(s) Acceptable?		Yes / No
If No, State Revised Date and Notify the Owner.		
Name of Garrison EMSMR or Designated Representative:		
Signature:	Date of Decision:	
<p> <i>(Only Necessary When Owner is a Tenant Organization)</i> Name of Owner Commander or Designated Representative: </p>		
Signature:	Date:	

	ENVIRONMENTAL MANAGEMENT SYSTEM	
	U.S. Army Garrison Baumholder	
<p align="center"> USAG Baumholder Preventive and Corrective Action Request (EMS Form #: EMS_FBH_14_01) </p>		
<p align="center"><i>Section 5 (to be completed by Quality Assurance Representative)</i></p>		
Has the Owner Implemented Corrective/Preventive Action(s)?		Yes / No
Were Corrective/Preventive Actions Completed on Schedule?		Yes / No
Were Corrective/Preventive Actions Successful in Eliminating Non-Conformity?		Yes / No
If No to Any of the Above, Describe Results and Submit form to Garrison EMSMR for Further Action:		
Name of Designated Quality Assurance Representative:		
Signature:	Date Completed:	

APPENDIX B

Guidance In Determining Reason/Cause of Non-Conformity

In order to properly describe the reason/cause for non-conformity of the USAG Baumholder EMS, it is important to conduct a root cause analysis. The root cause analysis will be essential to determining the appropriate corrective or preventive action for identified non-conformances. Without considering the root cause of non-conformity may result in corrective/preventive actions that only address the symptoms of the non-conformity and not the probable systemic causes. One technique in describing the root cause is to ask a series of “why” questions concerning the occurrence of the non-conformance. The following examples illustrate the technique.

Example 1:

A piece of shop equipment has broken and the foreman has determined a replacement is needed.

Why did the equipment break? The equipment just wore out.

Why did the equipment wear out? The equipment overheated.

Why did the equipment overheat? The coolant level was too low.

Why was the coolant level too low? The coolant level was not checked.

Why wasn't the coolant level checked? The equipment was not on the preventive maintenance schedule.

Why wasn't the equipment on the preventive maintenance schedule? There was not a system for tracking new equipment or changes to existing equipment to update the preventive maintenance schedule.

Root Cause:

There is no system to track new equipment installations or changes to existing equipment requiring routine or special maintenance.

Action Proposed:

Develop a system for tracking equipment changes and maintaining the preventive maintenance schedule for routine and special servicing requirements.

Example 2:

Media-specific environmental requirements applicable to DPW projects were not always incorporated in the design specifications.

Why weren't the environmental requirements incorporated? The requirements were not identified during review of the project by the environmental management office.

Why weren't the environmental requirements identified? The appropriate media managers were not always on the checklist of environmental reviewers that accompanied the project documentation.

Why weren't the media managers not always on the checklist? The checklists were prepared outside of the environmental management office by the project managers, who were sometimes unaware of specific media requirements.

Why weren't the checklists revised to include the pertinent media managers? The projects and checklists when received in the environmental management office were routed directly to the reviewers identified only by the project managers.

Why were the projects and checklists routed directly to reviewers identified only by the project managers? There was no procedure for reviewing of the project and checklist

when first received at the environmental management office before being routed for environmental review, and follow-up to confirm that the environmental review was completed.

Root Cause:

There is no system in the environmental management office for reviewing the project documentation and checklist of reviewers to ensure that all media managers who need to review DPW work projects are identified on the checklist, and tracking to ensure that the review was performed.

Action Proposed:

Develop procedures for reviewing DPW project documentation and checklist of reviewers to ensure that all media managers who need to review DPW work projects are identified on the checklist, and tracking to ensure that the environmental review is performed.

Simply replacing the equipment in the first example or incorporating the environmental requirements into the design specifications in the second example would have solved the immediate problem but would not have addressed the larger issue of preventing the problem from recurring. Following the analysis process leads to the “root cause” and appropriate action to fix the cause.

The specific technique used to determine the root cause of a non-conformity is up to the Owner. However, **PCARs with incomplete root cause descriptions or proposed corrective/preventive actions shall be returned** for additional analysis and clarification.

APPENDIX C

PCAR Process Flow Chart

